

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION		71530	1/29
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	KS	7175	4-6
RESPONSE FORMALITY REVIEW		7175	7-1

## INDEX OF CLAIMS

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 Canceled A ..... Appeal  
 Restricted O ..... Objected  
 (Through numeral)...

Claim	Final	Original	Date
1	1	1	2/10/01
2	2	2	7/10/01
3	3	3	7/10/01
4	4	4	7/10/01
5	5	5	7/10/01
6	6	6	7/10/01
7	7	7	7/10/01
8	8	8	7/10/01
9	9	9	7/10/01
10	10	10	7/10/01
11	11	11	7/10/01
12	12	12	7/10/01
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18	18	18	7/10/01
19	19	19	7/10/01
20	20	20	7/10/01
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22	22	22	7/10/01
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25	25	25	7/10/01
26	26	26	7/10/01
27	27	27	7/10/01
28	28	28	7/10/01
29	29	29	7/10/01
30	30	30	7/10/01
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36	36	36	7/10/01
37	37	37	7/10/01
38	38	38	7/10/01
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42	42	42	7/10/01
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47	47	47	7/10/01
48	48	48	7/10/01
49	49	49	7/10/01
50	50	50	7/10/01

Claim	Final	Original	Date
51	1	1	2/10/01
52	2	2	7/10/01
53	3	3	7/10/01
54	4	4	7/10/01
55	5	5	7/10/01
56	6	6	7/10/01
57	7	7	7/10/01
58	8	8	7/10/01
59	9	9	7/10/01
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77	27	27	7/10/01
78	28	28	7/10/01
79	29	29	7/10/01
80	30	30	7/10/01
81	31	31	7/10/01
82	32	32	7/10/01
83	33	33	7/10/01
84	34	34	7/10/01
85	35	35	7/10/01
86	36	36	7/10/01
87	37	37	7/10/01
88	38	38	7/10/01
89	39	39	7/10/01
90	40	40	7/10/01
91	41	41	7/10/01
92	42	42	7/10/01
93	43	43	7/10/01
94	44	44	7/10/01
95	45	45	7/10/01
96	46	46	7/10/01
97	47	47	7/10/01
98	48	48	7/10/01
99	49	49	7/10/01
100	50	50	7/10/01

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet

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